

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-175)**

10/552530  
APPLICANT

**CLAIMS**

	AS FILED		AFTER Dep. Adjustment		AFTER Dep. Adjustment			AS FILED		AFTER Dep. Adjustment		AFTER Dep. Adjustment	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2		5				TOTAL IND.						
TOTAL DEP.	23		48				TOTAL DEP.						
TOTAL CLAIMS	25		53				TOTAL CLAIMS						

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PTO-175 (REV. 1-83)

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